

Case Number:	CM14-0171806		
Date Assigned:	11/14/2014	Date of Injury:	01/10/2001
Decision Date:	12/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 10, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; dietary supplements; opioid therapy; topical agents; a TENS unit; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 20, 2014, the claims administrator approved a request for dental treatments, denied a nasal dilator, conditionally denied a facial muscle reprogrammer, partially approved a request for a CPAP treatment and oral airway appliance as a CPAP treatment alone, denied autonomic nervous system testing with associated pulse oximetry, denied an amylase analysis, denied unknown diagnostic salivary test, denied a polysomnograms. In a July 14, 2014 appeal letter, it was stated that the applicant had undergone polysomnographic testing demonstrating that the applicant had had nine episodes of obstructive sleep apnea and was therefore a candidate for an obstructive airway oral appliance device. The applicant stated to his dentist that he would be unable to tolerate a CPAP mask and/or associated nasal paraphernalia. The applicant apparently had findings of grinding suggestive of sleep apnea, it was stated. The applicant's dentist requested that the unfavorable Utilization Review decision be overturned on the grounds that the applicant would be unable to tolerate CPAP and preferred to use a nasal airway device/oral appliance device. A sleep study report dated May 3, 2014 was not clearly summarized in a standard format but did seemingly stated that the applicant suffered from a "severe pathological sleep breathing respiratory disorder. An April 24, 2014 progress note was notable for comments that the applicant was off of work on permanent disability owing to 6-8/10 chronic neck pain complaints. On August 28, 2014, the applicant was given prescriptions for Norco, Colace, Lidoderm, Somnicin, Sentra, and Desyrel. The applicant was asked to remain off of work on permanent disability.

10/10 pain was noted. On a July 23, 2014 progress note, the dentist suggested that the applicant had a large tongue which was contributing to the applicant's issues with sleep apnea/sleep disturbance. The applicant also had issues with an altered bite and clicking about his Temporomandibular joint. The requesting provider sought authorization for an obstructive airway appliance, nasal dilator, and facial muscle reprogrammer, CPAP device to be used simultaneously with obstructive sleep apnea oral appliance, and dental treatment of scalings and gingival treatment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One (1) nasal dilator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epstein LJ, Kristo D, Strollo PJ Jr, Friedman N, Malhotra A, Patil SP, Ramar K, Rogers R, Schwab RJ, Weaver EM, Weinstein MD, Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. Clinical Guidelines for the Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea in Adults. J Clin Sleep Med. 2009 Jun 15;5(3):263-76. PubMed External Web Site Policy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Non-prescription Treatments of Snoring or Obstructive Sleep Apnea: An evaluation of products with limited scientific evidence

Decision rationale: The MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that external nasal dilators do not have any proven efficacy for obstructive sleep apnea, as is present here. AASM notes that the available data on such device is very limited, suggesting that the usefulness of such device for the treatment of obstructive sleep apnea has not yet been demonstrated. Therefore, the request is not medically necessary.

One (1) CPAP treatment recommended to be used simultaneously with an obstructive airway oral appliance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute for Health and Clinical Excellence (NICE), Continuous Positive Airway Pressure for the Treatment of Obstructive Sleep Apnoea/Hypopnoea. London (UK), 2008 Mar 25 p. (Technology appraisal guidance; no.139). Epstein LJ, Kristo D, Strollo PJ Jr, Friedman N, Malhotra A, Patil SP, Ramar K, Rogers R, Schwab RJ, Weaver EM, Weinstein MD, Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. Clinical Guidelines for the Evaluation, Management and Long-Term Care of Obstruc

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Non-

prescription Treatments of Snoring or Obstructive Sleep Apnea: An evaluation of products with limited scientific evidence

Decision rationale: The MTUS does not address the topic. While the American Academy of Sleep Medicine (AASM) notes that standard treatments of obstructive sleep apnea include upper airway surgery, usage of positive airway pressure devices such as the CPAP device at issue and dental appliances, the latter of which is also being sought here, in this case, however, the requesting provider wrote on his July 23, 2014 progress note that the applicant would be unable to tolerate a CPAP device and associated nasal paraphernalia. Somewhat incongruously, the requesting provider then went on to seek authorization for both a dental appliance as well as a CPAP device. It is not clear why the attending provider went on to seek authorization for simultaneous usage of a CPAP device and an obstructive airway appliance if the attending provider stated emphatically that the applicant would be unable to tolerate the CPAP device/CPAP treatment and associated paraphernalia. Therefore, the request is not medically necessary.

One (1) diagnostic automatic nervous system testing with pulse oximetry: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Diagnosis of Obstructive Sleep Apnea Using Pulse Oximeter Derived Photoplethysmographic Signals

Decision rationale: The MTUS does not address the topic. While the American Academy of Sleep Medicine (AASM) notes that finger pulse oximetry-derived data compares favorably with simultaneous in-lab Polysomnography in the diagnosis of suspected obstructive sleep apnea, in this case, however, the applicant already has an established diagnosis of obstructive sleep apnea, made through a conventional sleep study performed on May 3, 2014, referenced above. It is not clear why the requesting provider is seeking authorization for diagnostic autonomic nervous system with pulse oximetry as the diagnosis in question, obstructive sleep apnea, has already been definitively established through conventional Polysomnography. Therefore, the request is not medically necessary.

One (1) diagnostic a-Amylase analysis consisting of spectrophotometric analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Salivary Alpha-Amylase: Role in dental plaque and caries formation, Scannapieco et al

Decision rationale: The MTUS does not address the topic. The request in question, based on the requesting provider's description of the services being sought on July 23, 2014, appears to represent a request for salivary analysis/salivary amylase testing to determine the applicant's predisposition toward developing dental caries. However, the article entitled Salivary Alpha-Amylase Appearing in Critical Reviews in Oral Biology and Medicine takes the position that "little is known" concerning the significance of salivary alpha-amylase with plaque formation or dental caries. In this case, the requesting provider's documentation did not set forth a compelling case for this particular test in the face of the textbook position that little is known concerning the role of salivary alpha-amylase in the formation of dental caries. Therefore, the request is not medically necessary.

Unknown diagnostic salivary tests: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Salivary characteristics and Dental Caries: Evidence from general dental practices, Cruz et al

Decision rationale: The MTUS does not address the topic. However, the Journal of the American Dental Association (JADA) does take the position that current evidence cannot support the use of salivary testing to determine an applicant's predisposition towards developing caries. As with the preceding request, the attending provider has not furnished any compelling applicant-specific rationale which would offset the unfavorable JADA position on the article at issue. Therefore, the request is not medically necessary.

One (1) polysomnographic study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Criteria for Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults

Decision rationale: The MTUS does not address the topic. While the American Academy of Sleep Medicine (AASM) does acknowledge that Polysomnography is indicated where there is reasonable clinical suspicion of breathing disorder such as obstructive sleep apnea, in this case, however, the applicant has already had earlier Polysomnography, referenced above, which definitively established the diagnosis of obstructive sleep apnea. It is not clear why repeat testing is being sought, particularly in light of the fact that the applicant does not appear to have received any definitive treatment for obstructive sleep apnea, either medical or surgical. Therefore, the request is not medically necessary.

